Prisons & Probation Ombudsman
Independent Investigations

# Independent investigation into the death of Mr Tome Kirungi, a detainee at The Verne IRC, on 6 August 2015

**A report by the Prisons and Probation Ombudsman**
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## Our Vision

**To carry out independent investigations to make custody and community supervision safer and fairer.**

## Our Values

**We are:**

**Impartial:** *we do not take sides*
**Respectful:** *we are considerate and courteous*
**Inclusive:** *we value diversity*
**Dedicated:** *we are determined and focused*
**Fair:** *we are honest and act with integrity*

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Kirungi was found hanged in his room at The Verne Immigration Removal Centre on 6 August 2015. He was 30 years old. I offer my condolences to Mr Kirungi's family and friends.

I am concerned that, in their management of Mr Kirungi's risk of suicide and self-harm, staff appear to have taken insufficient account of Mr Kirungi's numerous risk factors associated with increased vulnerability, including previous attempts to take his life and other threats to do so, substance misuse, mental illness, and ongoing pain. Indeed, staff appear to have been worryingly unaware of his previous self-harming.

I am also concerned that, despite numerous pieces of intelligence that Mr Kirungi was involved with drug taking and was in debt and being bullied, too little was done to challenge or investigate the alleged perpetrators. Nor was enough consideration given to the potential impact of this bullying on his risk of suicide and self-harm. More generally, The Verne has needs to take more robust action to address an evident problem with new psychoactive substances at the centre.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

**Nigel Newcomen CBE**
**Prisons and Probation Ombudsman** **April 2016**

## Contents

# Summary

## Events

1. Mr Tome Kirungi was remanded in custody in June 2012, and was later sentenced to 30 months imprisonment. He was a Ugandan national and, because of his sentence, met the criteria for automatic deportation. At the time, he had a diagnosis of schizophrenia, although a prison psychiatrist disagreed and stopped his antipsychotic medication in May 2014. Prison staff managed Mr Kirungi under suicide and self-harm prevention (known as ACCT) several times. In August 2014, Mr Kirungi took an overdose, after which prison staff opened another ACCT. In September, he attempted to hang himself and, the next day, tried to set himself on fire.

2. Mr Kirungi was moved to The Verne Immigration Removal Centre (IRC) on 26 September 2014. He appeared to settle in well and, on 10 October, staff closed the ACDT (as suicide and self-harm prevention procedures are known in IRCs). In the next month, Mr Kirungi twice said that he wanted to take his life because of ongoing back pain. No one reopened the ACDT. Mr Kirungi continued to complain of back pain.

3. In January 2015, Mr Kirungi told a psychiatrist that he heard voices talking about him. The psychiatrist restarted antipsychotic medication. Mr Kirungi initially responded well to this, but the psychiatrist twice increased the dose in the following months when he said the voices were more intrusive.

4. In April, residential officers found 'Spice' (a new psychoactive substance) in Mr Kirungi's room. In the following months staff found him apparently under the influence of drugs several times. Mr Kirungi declined the intervention offered by substance misuse workers at The Verne.

5. On 10 June, Mr Kirungi transferred over £1,000 into his IRC account. He spent most of this in the following weeks. Residential staff became concerned that other detainees were pressuring Mr Kirungi into buying them items from the on-site shop and thought he might be in debt for the drugs he had used. They opened antisocial behaviour monitoring procedures (known as TAB), although there was insufficient investigation or challenge of the alleged perpetrators. Residential staff tried several measures to support Mr Kirungi, including restricting the amount of money he could spend each week, but this did not resolve the issue.

6. On 6 August, staff found Mr Kirungi collapsed on the floor of his room. It was apparent he had died so they did not attempt resuscitation. Police investigators found that he had hanged himself from a ligature which had snapped under his weight.

## Findings

7. Although staff at The Verne were aware that Mr Kirungi had debt and bullying issues, they did not consider his wider risk factors and, worryingly, many were unaware that he had a significant, and relatively recent, history of suicide and self-harm. We found that staff should have been more alert to Mr Kirungi's risk

factors and are concerned that no one appeared to consider that the ongoing bullying he apparently suffered might have increased his risk of suicide and self-harm. We also found that, while a lot of thought was put into appropriate measures to protect Mr Kirungi, local violence reduction procedures focused too little on the alleged perpetrators. Mr Kirungi frequently used new psychoactive substances and, along with HM Inspectorate of Prisons, we are concerned about the apparent levels of use of these substances in the centre.

## Recommendations

- The Centre Manager should ensure that all staff have a clear understanding of their responsibilities to manage detainees at risk of suicide and self-harm in line with national guidelines and, in particular, the need to record, share and consider all relevant information about risk.
- The Centre Manager should ensure that all information about bullying, intimidation and the use of drugs is fully coordinated and investigated and that those suspected of involvement are appropriately challenged and monitored.
- The Centre Manager should ensure there is an effective supply reduction strategy to help eradicate the availability of new psychoactive substances, and that staff are vigilant for signs of its use and are briefed about how to respond when a detainee appears to be under the influence of such substances.

## The Investigation Process

8. The investigator issued notices to staff and detainees at The Verne IRC informing them of the investigation and asking anyone with relevant information to contact him. One detainee and a volunteer member of the Verne Visitors group contacted the investigator as a result.

9. The investigator and an Assistant Ombudsman visited The Verne on 13 August. They obtained copies of relevant extracts from Mr Kirungi's centre and medical records. They spoke to a detainee who knew Mr Kirungi, the volunteer who had contacted us, and viewed closed circuit television footage of the night of 5-6 August.

10. The investigator interviewed 18 members of staff and four detainees (including the detainee who contacted us) in October.

11. NHS England commissioned a clinical reviewer to review Mr Kirungi's clinical care at The Verne. He joined the investigator for interviews with clinical staff.

12. We informed HM Coroner for Bournemouth Poole and Eastern District of the investigation. We have given the coroner a copy of this report.

13. One of the Ombudsman's family liaison officers contacted Mr Kirungi's mother to explain the investigation and to ask if she had any matters they wanted the investigation to consider. Mr Kirungi's mother asked what had happened to him at The Verne and how much her son had known about his deportation.

14. Mr Kirungi's mother received a copy of the initial report. She did not make any comments.

# Background Information

### The Verne Immigration Removal Centre

15. In September 2013, The Verne began the transition from a medium security prison to an immigration removal centre (IRC), which was completed on 28 September 2014. It is run by the Prison Service. The Verne now holds up to 580 foreign national men who face immigration enforcement action. Dorset Healthcare University Foundation Trust provides 24-hour healthcare cover.

16. Detainees have privacy keys to their rooms, so that they can lock the room during the day. There is no in-room sanitation, so at night they can leave their rooms to use communal facilities.

### HM Inspectorate of Prisons

17. The most recent inspection of The Verne was in March 2015. Inspectors reported that relatively few detainees felt unsafe although, by contrast, they found higher levels of violence than at other IRCs. They reported that The Verne had a comprehensive safeguarding policy and the complex case meeting was a good forum for planning care for the most vulnerable detainees. There was no drugs strategy despite strong evidence of detainees using new psychoactive substances (see below). Inspectors reported that the quality of health services was reasonable, but access to services was inadequate for some and many detainees were negative about healthcare. They found that mental health provision was reasonably good and improving.

### Independent Monitoring Board

18. Each IRC has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that detainees are treated fairly and decently. In its latest annual report, for the year to March 2015, the IMB reported that staff had coped well with the transition from prison to IRC. They found that detainees had access to good quality healthcare, although there was a large number with mental health diagnoses for whom the delivery of mental health services was an ongoing issue. The IMB reported on a significant rise in the number of detainees subject to suicide and self-harm monitoring procedures (known as ACDT). They found that detainees generally felt safe at The Verne, although Spice was a serious problem and often the cause of violent incidents.

### Previous deaths at The Verne IRC

19. Mr Kirungi is the second man to die at The Verne since September 2013. The other man died of apparent natural causes and we are satisfied that there are no similarities between these deaths.

### Assessment, Care in Detention and Teamwork

20. ACDT is the care-planning system used to support detainees at risk of suicide or self-harm. The purpose of ACDT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the detainee. After an initial assessment of the detainee's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be

irregular to prevent the detainee anticipating when they will occur. There should be regular multi-disciplinary review meetings involving the detainee. As part of the process, a caremap (plan of care, support and intervention) is put in place. The ACDT plan should not be closed until all the actions of the caremap have been completed. All decisions made as part of the ACDT process and any relevant observations about the detainee should be written in the ACDT booklet, which accompanies the detainee as they move around the IRC. The system is also implemented in prisons, where it is known as Assessment, Care in Custody and Teamwork (ACCT).

### New Psychoactive Substances (NPS)

21. NPS are an increasing problem across the prison and immigration detention estates. They are difficult to detect, as they are not identified in current drug screening tests. Many NPS contain synthetic cannabinoids, which can produce experiences similar to cannabis. NPS are usually made up of dried, shredded plant material with chemical additives and are smoked. They can affect the body in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting.

22. As well as emerging evidence of dangers to both physical and mental health, it is possible that there are links to suicide or self-harm. Trading in these substances, while in custodial settings, can lead to debt, violence and intimidation.

23. In July 2015, we published a Learning Lesson Bulletin about the deaths associated with use of NPS. We identified dangers to physical and mental health, as well as risks of bullying and debt and possible links to suicide and self-harm. The bulletin identified the need for better awareness among staff of the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies because of the links between NPS and debt and bullying.

### Tackling Antisocial Behaviour (TAB)

24. TAB is a system used at The Verne to monitor and manage detainees for whom there is intelligence that they are either the victims or perpetrators of antisocial or violent behaviour. Staff can open TAB procedures for both victims and perpetrators, and they do not have to directly witness antisocial behaviour to open procedures. When TAB procedures are opened, residential officers are required to monitor the relevant detainees and make daily entries highlighting their wellbeing or conduct. A supervising officer (SO) should review the TAB every seven days and only an SO or residential manager can close it.

### Early removal scheme

25. The Early Removal Scheme was introduced in 2004 and applies to foreign national prisoners who are subject to deportation or administrative removal from the UK. Under the scheme, such prisoners can be removed from prison earlier than their half-way point of sentence, to allow their deportation or removal.

26. The scheme is mandatory; all determinate sentenced foreign national prisoners who are liable to removal must be considered.

# Key Events

27. Mr Tome Kirungi came to the UK from Uganda in 2004 when he was 19 years old. He was granted indefinite leave to remain in the UK. In 2009, he was diagnosed with schizophrenia and prescribed antipsychotic medication. He was admitted to a psychiatric hospital for a week in 2011, after taking an overdose of medication.

28. In June 2012, Mr Kirungi was remanded in custody to HMP Pentonville charged with wounding his partner. Prison staff opened ACCT procedures as he had cut his arms while in police custody. Although they spent some time monitoring Mr Kirungi on constant supervision, prison staff closed the ACCT after two weeks. (If staff consider a prisoner or detainee to be at very high risk of suicide or self-harm they can implement constant supervision, which means the individual must be watched at all times.)

29. Over the following year, prison staff opened ACCT procedures five times, for between one week to three months. Mr Kirungi said he heard voices and his medical notes indicate that he struggled to cope with his schizophrenia. In May 2013, he was sentenced to 30 months imprisonment. This meant that he met the criteria for automatic deportation at the end of his sentence.

30. Mr Kirungi also complained of regular and severe back pain, which he attributed to a caterpillar bite he sustained as a child in Uganda. (Mr Kirungi had a scar on his back which he said was caused by the bite.) Prison doctors prescribed various painkillers to manage this. In November 2013, at HMP Highpoint, Mr Kirungi had an MRI scan of his back which specialists reported as normal. Blood tests also found nothing unusual. The clinical reviewer said that these results make it highly unlikely that Mr Kirungi's pain originated from an insect bite. Mr Kirungi continued to complain of back pain afterwards.

31. In May 2014, a prison psychiatrist assessed Mr Kirungi and concluded that he was not mentally ill. He noted that Mr Kirungi had no symptoms of schizophrenia and he stopped his antipsychotic medication. Later in the month, Mr Kirungi said that he felt suicidal because of his back pain. No one opened ACCT procedures.

32. In June, prison staff opened an ACCT when Mr Kirungi received papers stating that the Home Office planned to deport him when his sentence ended. He appealed against this ruling. The next month, he said that he felt paranoid and could hear voices. Prison staff closed the ACCT at the end of July.

33. On 18 August, Mr Kirungi said he had taken an overdose of medication. Healthcare staff sent him to hospital, but specialists there concluded that any overdose he might have taken was insignificant. Prison staff began ACCT procedures. Mr Kirungi said that he did not want to go to HMP Peterborough (where he was scheduled to transfer) and wanted to go to an immigration removal centre instead. He said he took the overdose because of his back pain and that he had no purpose for living and intended to take his life one day. The ACCT assessor recorded that Mr Kirungi was angry that the overdose did not kill him. On 21 August, Mr Kirungi transferred to HMP Chelmsford.

34. On 2 September, an officer found Mr Kirungi attempting to hang himself in his cell. At an ACCT case review afterwards, Mr Kirungi said he was frustrated by immigration issues. The next day, Mr Kirungi attempted to set himself on fire. He told prison staff he was tired of life. Prison staff monitored him on constant supervision for two days. A prison psychiatrist assessed Mr Kirungi on 4 September, and concluded that there was no evidence of current mental illness.

35. On 26 September, Mr Kirungi transferred to The Verne. The ACCT remained open but, because The Verne is an IRC rather than a prison, staff converted it to an ACDT. At a case review held shortly after he arrived, Mr Kirungi said he was happy to be at The Verne.

36. A GP assessed him when he arrived. Mr Kirungi said that his back pain had made him feel suicidal every day for many years. She noted that there was nothing to indicate that further investigation of the source of the pain was required. She noted that she would refer Mr Kirungi for physiotherapy if his current pain relief (diclofenac and amitriptyline) proved insufficient.

37. At an ACDT case review on 10 October, a Supervising Officer (SO) noted that Mr Kirungi said he felt a lot better and that his mental health was well controlled. The SO decided to close the ACDT. At a post-closure review (usually held a week after the ACDT is closed, although Mr Kirungi's was undated), the SO recorded that Mr Kirungi had no further concerns.

38. A GP reviewed Mr Kirungi on 22 October. She noted that he was still concerned about back pain and continued to link this to a caterpillar bite as a child. She stopped amitriptyline, as Mr Kirungi said it was not effective. She made a referral for physiotherapy.

39. A GP at The Verne assessed Mr Kirungi on 28 October. Mr Kirungi said that he wanted to take his life because of his back pain. The GP incorrectly noted that Mr Kirungi was being monitored under ACDT procedures at the time. A week later, Mr Kirungi saw a physiotherapist. He recorded that he thought Mr Kirungi's pain was muscular.

40. On 10 November, Mr Kirungi submitted two applications for appointments with a GP. In both, he asked for help from a doctor to end his life because of his back pain. A nurse recorded that she had contacted Mr Kirungi's unit to ask them to send him to the healthcare centre so someone could speak to him. There is no record that Mr Kirungi visited the healthcare centre that day or that anyone spoke to him about his application. No one began ACDT procedures. A GP assessed Mr Kirungi on 13 November. She completed a referral for an ultrasound scan of the back, but did not record any discussion surrounding Mr Kirungi's intentions to harm himself.

41. A mental health nurse saw Mr Kirungi for an initial assessment on 26 November. She noted his previous diagnosis of schizophrenia and spoke to him about his medical history. Mr Kirungi said he had cut himself in the past to distract himself from the pain in his back. She referred him to the visiting psychiatrist for a medication review.

42. A GP assessed Mr Kirungi on 4 December as he was complaining of ongoing back pain. The GP prescribed naproxen, an anti-inflammatory medication.

43. Mr Kirungi had applied to be released on bail from immigration detention. The Home Office rejected his application on 5 December on the grounds that his offence was serious, an offender manager had assessed a medium risk that he would reoffend, and they assessed that he presented a high risk of absconding.

44. On 9 December, Mr Kirungi had the ultrasound scan of his back. The sonographer recorded that she found nothing abnormal and specifically noted that there was no evidence of any fluid collection or foreign body near the scar on Mr Kirungi's back.

45. A psychiatrist assessed Mr Kirungi on 2 January 2015. Mr Kirungi said that he heard voices talking about him and the psychiatrist described his symptoms as a "textbook presentation" of schizophrenia. The psychiatrist prescribed flupentixol, an antipsychotic, and procyclidine, to counter the possible side effects of the antipsychotic. Around three weeks later, the psychiatrist increased the dose of procyclidine due to side effects that Mr Kirungi had experienced (the medication had caused his tongue to swell).

46. On 25 January, a residential manager opened tackling antisocial behaviour (TAB) procedures on both Mr Kirungi and another detainee, who had reportedly punched Mr Kirungi. An SO closed the other detainee's TAB on 3 February and Mr Kirungi's a week later.

47. The psychiatrist reviewed Mr Kirungi on 12 February. Mr Kirungi said he felt better since he started taking the antipsychotic medication again. He said the voices he heard were quieter and he felt less paranoid.

48. Mr Kirungi's appeal against his deportation order was scheduled for 26 February. The Home Office rescheduled the hearing for 9 July, following an adjournment request by Mr Kirungi's solicitor.

49. On 5 March, the mental health nurse reviewed Mr Kirungi, who said he wanted to keep his medication 'in possession' (meaning that he would collect a supply of medication and keep it in his room to take as prescribed). She noted that Mr Kirungi did not always collect his medication and they had to be sure that he took it consistently before they could prescribe it as in possession. Mr Kirungi continued to miss medication rounds.

50. On 26 March, Mr Kirungi told the nurse that he was "fed up" of waiting for news of his deportation appeal, but was otherwise okay. She noted that he appeared much brighter.

51. On 9 April, officers found 'Spice' (a new psychoactive substance) in Mr Kirungi's room. Mr Kirungi spent the night in the segregation unit, before returning to his unit. The residential manager of C Unit reduced Mr Kirungi's incentives and earned privileges level (IEP, a scheme designed to encourage and reward good behaviour in prisons and IRCs) to 'basic', the lowest tier on the scheme. This meant that Mr Kirungi lost his job in The Verne's IT centre, and was now unemployed. (Home Office rules are that detainees must be on the highest level of the scheme, known as 'enhanced', in order to work.)

52. On his first night back on C1 unit, an officer noted that Mr Kirungi appeared to be under the influence of an unknown substance.

53. The mental health nurse saw Mr Kirungi three times over the rest of the month. Each time, he said that he was bored and that he had no money because he did not work. Mr Kirungi had a substantial amount of money in a Post Office account and had applied for this to be transferred into his account at The Verne, and said he was stressed by the length of time this had taken. (An officer recorded that Mr Kirungi approached him for assistance with this on 2 April.) On 30 April, Mr Kirungi told the nurse that he had nothing to look forward to and no friends, he took drugs to relieve the boredom and said he heard voices at night and could not sleep.

54. The mental health nurse next reviewed Mr Kirungi on 14 May. Mr Kirungi again said he felt fed up because he did not have any money or anything to do. He acknowledged that smoking Spice had led to these troubles and said that he did not intend to use the drug again.

55. At their next review, on 28 May, Mr Kirungi said the voices he heard were becoming more intrusive, although he was able to ignore them for now. Mr Kirungi said that he heard the voice of someone he knew who had died, and this person said they were coming for him.

56. The psychiatrist reviewed Mr Kirungi on 5 June. Mr Kirungi again said that the voices he heard were more intrusive. As a result, the psychiatrist increased the dose of flupentixol.

57. On 10 June, a total of £1,304 was transferred into Mr Kirungi's IRC account from his Post Office account. Over the following month, Mr Kirungi spent money at The Verne's shop nearly every day. He usually spent over £10 per day, sometimes considerably more. In a month, he spent over £1,000 of the money.

58. On 18 June, a nurse and a substance misuse recovery worker saw Mr Kirungi in his room when a residential officer reported that he appeared to be under the influence of drugs. The substance misuse recovery worker noted that Mr Kirungi was clearly under the influence of something and that he said he had used Spice. She noted that there was (unspecified) drug paraphernalia on the table. She noted that she would call Mr Kirungi to her clinic to discuss awareness and harm minimisation.

59. Every week, IRC staff hold a multidisciplinary meeting to discuss and make arrangements to support those detainees who they consider to have more complex needs. The Head of Equality and Safety chairs most meetings, and attendees include members of the mental health in-reach and substance misuse teams, as well as residential managers. The mental health nurse and the substance misuse recovery worker attend most meetings.

60. The complex needs panel discussed Mr Kirungi at their meeting on 23 June. They noted intelligence that other detainees were bullying Mr Kirungi and had taken goods off him from the shop. They noted that this might be related to Mr Kirungi's use of Spice. The source of this intelligence is not recorded. The panel asked an officer to look into the allegations.

61. On 24 June, unit officers told the substance misuse recovery worker that Mr Kirungi and three other detainees appeared to be heavily under the influence of drugs. She went to C1 unit to see the detainees, but they had all left before she arrived.

62. Later that day, the security manager spoke to Mr Kirungi about his use of Spice. He noted that Mr Kirungi appeared to be under the influence of drugs during the interview. He established that Mr Kirungi was sending money out of The Verne and, as he was unable to even name the towns that he sent this money to, it was possible that he was under pressure from other detainees to send out the money.

63. The next day, security officers found a text message on Mr Kirungi's mobile phone from another detainee, which said that he had Spice and it was ready for Mr Kirungi to collect. The detainee told us that Mr Kirungi "loved" Spice. He said that he knew nothing about detainees taking Mr Kirungi's money from him. He said that Mr Kirungi occasionally bought him a couple of things from the shop. He added that most detainees knew that Mr Kirungi had a lot of money in his account because he had told them.

64. An officer spoke to Mr Kirungi on 25 June. Mr Kirungi said that he struggled to say no to Spice and that it helped him to control his back pain. The officer referred him to the substance misuse team. He noted that staff thought that other detainees were bullying Mr Kirungi, although there was no specific evidence that this was the case. The officer opened TAB procedures to allow staff to monitor Mr Kirungi.

65. On 27 June, an officer recorded that Mr Kirungi spent a lot of money in the shop but had nothing in his room. The next day, he saw Mr Kirungi in what he described as a "heated discussion" with another detainee. He completed a security report, but it does not appear that anyone spoke to Mr Kirungi or the other detainee.

66. The complex needs panel discussed Mr Kirungi at their meeting on 30 June. They noted that Mr Kirungi had shown signs of improvement and had seen the substance misuse team. The substance misuse recovery worker, who did not attend the meeting, told us that Mr Kirungi chose not to engage with the group work and one to one sessions she offered him, as he said he did not think that he had a problem with drugs.

67. Following the meeting, Mr Kirungi moved from C1 Unit to C2 Unit. An officer noted that this move was to remove Mr Kirungi from other detainees who were a negative influence on him.

68. On 8 July, an operational support grade who works in the shop, telephoned C2 Unit and told an officer that he suspected that a detainee had bullied Mr Kirungi into buying him things from the shop. He said that he noticed that Mr Kirungi was spending a lot of money in the shop and buying a lot of things for other detainees, particularly this detainee. An officer said that he passed the information about the detainee to officers on C1 Unit, where he lived, so that they could take the appropriate action. No one opened TAB procedures on the detainee. The detainee was deported before Mr Kirungi died.

69. Mr Kirungi's appeal against his deportation order, scheduled for 9 July, was again cancelled. The Home Office rescheduled it for 29 October, following an adjournment request by Mr Kirungi's solicitor.

70. The mental health nurse reviewed Mr Kirungi on 10 July. Mr Kirungi said that he did not currently smoke Spice and he intended to smoke tobacco only in future. He said that other detainees had put pressure on him to give them money or buy them things from the shop. She advised Mr Kirungi to speak to residential officers about this. Mr Kirungi also said that his symptoms had improved and he no longer heard voices since the psychiatrist increased his antipsychotic.

71. On 11 July, Mr Kirungi told an officer that two detainees (one of which was the detainee who the operational support grade had reported) knew he had a large amount of money in his account. He said that these two detainees pressured him to go to the shop and buy them goods. Both of these detainees lived on C1 Unit and no one opened TAB procedures on either of them. The other detainee was released from The Verne in August.

72. On the same day, an officer discussed with Mr Kirungi ways in which he might control his spending and prevent others accessing his money. She agreed with him that staff would transfer his money into a savings account and allow him £20 from this account to spend in the shop each week. When this was arranged, on 13 July, Mr Kirungi had £221.48 left in his account. The officer also agreed with Mr Kirungi that he should place all canteen orders through residential officers, who would go to the shop on his behalf. In the following weeks Mr Kirungi sometimes asked officers to go to the shop for him, but he also continued to buy things himself.

73. The complex needs panel discussed Mr Kirungi at their meeting on 14 July. A security manager said that intelligence had highlighted debt and bullying issues affecting Mr Kirungi. The meeting minutes did not highlight any actions to investigate further or support Mr Kirungi.

74. On 16 July, an officer noted that Mr Kirungi appeared agitated and had spent nearly all of his weekly allowance in one day. She was concerned that other detainees were bullying Mr Kirungi or trying to get back money that he owed them for Spice. The officer observed that Mr Kirungi's movement and speech appeared to have changed and wondered if this might be due to the effects of smoking Spice. She completed a referral to the substance misuse team. Mr Kirungi was added to the waiting list for the substance misuse team, but was not formally assessed before he died.

75. The mental health nurse reviewed Mr Kirungi on 17 July. Mr Kirungi said he was worried about deportation, as he would have to pay for his medication in Uganda and he would not be able to afford this. He also said that other detainees had bullied him for his money in the past, but this was not happening as often now.

76. On 18 July, an officer asked Mr Kirungi if he would like to move to A1 Unit. The officer said that most of the detainees who were thought to be pressuring Mr Kirungi lived on C1 or C2 Units, and it might be helpful for him to move to a unit further away from them. Mr Kirungi said he did not want to move and that he

was happy on C2 Unit as he knew the staff who worked there and got on well with other detainees on the unit.

77. On 20 July, Mr Kirungi told an officer that he wanted to increase his weekly allowance from £20 to £30. The officer asked Mr Kirungi if other detainees were bullying him for this money, which he said was true. He did not name the detainees. The officer said that the money was Mr Kirungi's and she could not therefore prevent him increasing his allowance. She told the residential manager of C Unit about her concerns for Mr Kirungi. He did not take any further action.

78. At the complex needs meeting on 21 July, staff discussed the recent measures that residential staff on C2 Unit had initiated to help Mr Kirungi. The minutes recorded that the panel would ask the residential manager to investigate the perpetrators and to consider opening TAB procedures on them. The residential manager said that no one spoke to him about completing this task. He reviewed Mr Kirungi's TAB on 24 July and recorded that it would remain open for a further week. The residential manager said he was on annual leave for the last week of July.

79. The mental health nurse reviewed Mr Kirungi on 24 July. She noted that he seemed to be in a low mood. Mr Kirungi said he was stressed because other detainees were bullying him and making him buy them items from the shop. Mr Kirungi said he was bored as he had nothing to do during the day, and that his solicitor thought he should be admitted to a psychiatric hospital. (On 6 June, a GP contracted by the solicitor had assessed Mr Kirungi's suitability for hospital admission. He had not yet submitted his report.) The nurse said that Mr Kirungi became quite fixated on hospital admission, but she explained to him that she did not think he met the criteria for hospital admission.

80. On 27 July, Mr Kirungi told an officer that he had "big problems" with another detainee. Mr Kirungi said that he knew the detainee in the community and the detainee had sent him £10 a week when he was in prison. Now they were both in The Verne, the detainee was demanding his money back. The officer submitted a security report. The detainee was deported in August.

81. The minutes of the complex needs meeting on 28 July recorded that further issues regarding bullying involving Mr Kirungi had come to light and they would put further investigations into these issues in place. The nature of these investigations was not recorded. The then Head of Detainee Welfare, who chaired the meeting in the Head of Equality and Safety's absence, said that the further issues related to information received from residential staff. This most likely related to information submitted by an officer the previous day. She said that they passed the information to residential managers to investigate.

82. On the same day, Mr Kirungi's solicitor submitted the GP's report and asked that Mr Kirungi transfer to a psychiatric hospital. The GP found that Mr Kirungi had schizophrenia, required the involvement of a consultant psychiatrist to oversee his medication and, based on his history and low mood, was at risk of harming himself.

83. On 29 July, a residential manager interviewed Mr Kirungi and completed a conflict incident report form (used to highlight incidents of alleged bullying) and

investigation report. Mr Kirungi said that he owed a detainee a debt and the detainee forced him to buy £20 a week telephone credit to pay it back. The residential manager asked Mr Kirungi to consider moving to A1 Unit, and he now agreed to this move. The residential manager said that he did not think he had enough evidence to interview the detainee and was also concerned that this might inflame the situation further. Instead, he opened TAB procedures on the detainee.

84. A psychiatrist assessed Mr Kirungi on the same day. He noted that Mr Kirungi was downcast at the start of the meeting but cheerful by the end. Mr Kirungi said the voices he heard were worse at night and he therefore increased the dose of flupentixol he received in the evening. The psychiatrist said he did not see the GP's report but did not think Mr Kirungi met the criteria for hospital admission because he complied with, and appeared to respond to, his treatment plan.

85. The mental health nurse reviewed Mr Kirungi on 31 July. They discussed the letter from Mr Kirungi's solicitor and she reiterated to Mr Kirungi that hospital admission was unlikely for him. She noted that this news upset Mr Kirungi and he said he should be in hospital because of his back pain. Mr Kirungi also said he did not feel safe at The Verne despite his move to A1 Unit, as he still saw some of the people who had bullied him. The nurse told us that she and her colleagues did not discuss the GP's finding that Mr Kirungi was at risk of suicide or self-harm, but her view was that he was not at risk.

86. On 31 July, Mr Kirungi received a monthly progress report from the Home Office. This confirmed that his appeal against deportation was due to be heard in October.

87. A GP saw Mr Kirungi on 3 August. Mr Kirungi said he had experienced back pain for many years, and again related this to a caterpillar bite he sustained as a child. The GP said that she thought Mr Kirungi's pain might be due to nerve damage, and prescribed duloxetine, a medication for neuropathic pain. She said that Mr Kirungi seemed positive at the end of the consultation as he thought that the medication would help his pain. The Verne's pharmacy had to order duloxetine as they did not have any in stock. Mr Kirungi did not receive the medication before he died.

88. On the same day, the mental health nurse emailed Mr Kirungi's solicitor in response to their letter of 28 July. She attached national guidance for transferring detainees to psychiatric hospital, but highlighted that the clinical criteria are very strict and she did not currently believe there was any indication that he needed to be in hospital.

89. The complex needs panel met on 4 August. They recorded no new information about Mr Kirungi.

90. Mr Kirungi did not collect his medication on the morning of 5 August. At around 10.00am, he met a volunteer member of The Verne Visitors Group. She visited Mr Kirungi regularly during his time at The Verne. She said that Mr Kirungi appeared no different to normal when they met that morning and spoke about his plans for when he left detention. She said Mr Kirungi spoke positively about the prospects of his appeal against deportation. Mr Kirungi said that he missed his

medication that morning because the treatment hatch had closed earlier than usual. Mr Kirungi said he was disappointed as he had hoped to collect his new painkiller. The nurse who worked in the treatment hatch that morning said that medication is supposed to finish at 9.00am but they usually stay open after this for latecomers and can be open until 9.30am. She did not remember seeing Mr Kirungi on 5 August.

91. At around 4.00pm, Mr Kirungi collected his afternoon medication. Mr Kirungi asked for duloxetine, which the nurse working in the treatment hatch said she could not give him as it had been prescribed as medication to be collected and taken in the morning. She gave Mr Kirungi ibuprofen instead and told him that he could collect duloxetine the next morning if it had arrived. She said that Mr Kirungi was happy with this.

92. A detainee who knew Mr Kirungi said he saw Mr Kirungi on his way back from the treatment hatch. He said they sat together for around half an hour. The detainee said that Mr Kirungi was angry, confused and sad because he had not got his medication. (He mistakenly thought that Mr Kirungi collected medication in the morning but not in the afternoon.) Mr Kirungi said he was cold and was going to go to bed to sleep.

93. Another detainee also said he saw Mr Kirungi that afternoon. He said that Mr Kirungi was quiet and told him that he did not have any tobacco and had not got his medication because of a problem with the computer. Mr Kirungi also told him that he was going to go to sleep.

94. At around 5.50pm, Mr Kirungi went to the IT centre. A detainee who works in the IT centre said that Mr Kirungi seemed very happy and jovial that day, and he had earlier seen him giving other detainees 'high fives'. He said this was unusual as Mr Kirungi was normally very reserved. Mr Kirungi asked him for help printing a document. He said he was surprised that Mr Kirungi needed help with this task as he was IT literate and had previously worked in the IT centre himself. He thought Mr Kirungi seemed distracted and excited. He said that Mr Kirungi had written a letter and, when he was helping him, he noticed the phrase "had enough" on the screen.

95. Closed circuit television shows that Mr Kirungi did not leave his room all night and no detainees or staff went to his room. At around 7.45am on 6 August, two officers began a check of the detainees on A1 Unit. One officer arrived at Mr Kirungi's room at 7.47am and looked in the door. He could not see Mr Kirungi in the room and thought he must have gone to the bathroom. He and his colleague completed their check of the corridor and then went to the bathroom to look for Mr Kirungi. He was not in the bathroom, so they returned to his room at 7.48am. They found Mr Kirungi lying in the corner of the room with blood on the floor around his head. He examined Mr Kirungi and said he was very hard to the touch and it was clear he was dead. They did not therefore attempt to resuscitate him. He radioed a 'code red' medical emergency, indicating a life threatening situation. Control room staff phoned for an ambulance immediately.

96. Paramedics arrived at the room at 8.06am and pronounced Mr Kirungi dead on their arrival. Police investigators found a ligature made from the draw string of a laundry bag which was attached to the window frame, but had seemingly

snapped under Mr Kirungi's weight during the night. They did not find a letter or note in Mr Kirungi's room.

97. Later on 6 August, a detainee told a security manager that two other detainees had bullied and sent intimidating phone messages to Mr Kirungi. One detainee told us that he had never threatened Mr Kirungi. The other detainee was released from The Verne shortly after Mr Kirungi's death.

### Contact with Mr Kirungi's family

98. Police officers visited Mr Kirungi's mother at around 9.00am, and told her of his death. A Home Office family liaison officer phoned Mr Kirungi's mother shortly afterwards and visited her later that day. The Home Office contributed to the funeral costs in line with national policy.

### Support for detainees and staff

99. After Mr Kirungi's death, an operational manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

100. The Verne posted notices informing other detainees of Mr Kirungi's death and offering support. Staff reviewed all detainees subject to suicide and self-harm prevention procedures in case they had been adversely affected by Mr Kirungi's death.

### Post-mortem report

101. A post-mortem examination established the cause of death as ligature suspension. Toxicology tests found no evidence of illegal or unprescribed drugs or new psychoactive substances in Mr Kirungi's blood.

# Findings

### Identifying risk of suicide and self-harm

102. Detention Services Operating Standards state that IRCs must ensure that all staff are trained in the use of Prison Service suicide and self-harm prevention procedures, including information on recognising those who might be at risk. Prison Service instructions highlight recognised risk factors that raise the risk of suicide and self-harm.

103. Mr Kirungi had several of these risk factors. He had a history of self-harm and had attempted to take his life shortly before he arrived at The Verne. There was strong information that he was in debt to other detainees and that he was under pressure to buy those detainees items from the shop. He was therefore potentially at risk of violence. Mr Kirungi was diagnosed with schizophrenia and received ongoing support from the mental health in-reach team at The Verne. Mr Kirungi also complained of significant ongoing back pain, said that this had prompted some of his previous self-harm and, while at The Verne, asked for help to end his life because of the pain. He smoked 'Spice', a new psychoactive substance, and there are concerns that these substances can produce a range of reactions and might increase the risk of suicide and self-harm. Common to many immigration detainees, Mr Kirungi was uncertain about his future and had said that he did not know what would happen if he were to return to Uganda.

104. Staff at The Verne recognised that Mr Kirungi had ongoing issues and, appropriately, included him in their weekly discussion of those detainees with complex needs. However, their discussion focused on preventing the bullying of which Mr Kirungi had seemingly become a victim. While this is obviously important, there was no real consideration of Mr Kirungi's wider range of risk factors. Significantly, most of the staff we interviewed were unaware that Mr Kirungi had any history of suicide and self-harm. This is a concern.

105. In our Learning Lessons thematic report into self-inflicted deaths in 2013-14, we found that staff too rarely considered that bullying, debt and drug issues made prisoners more vulnerable and could increase their risk of suicide. We consider that staff at The Verne should have been more alert to Mr Kirungi's risk factors for suicide and self-harm. While this would not have automatically led them to open ACDT procedures, it should at least have been considered in the light of his numerous ongoing risk factors. We make the following recommendation:

**The Centre Manager should ensure that all staff have a clear understanding of their responsibilities to manage detainees at risk of suicide and self-harm in line with national guidelines and, in particular, the need to record, share and consider all relevant information about risk.**

### Bullying

106. The Verne has a local safer detention policy which says that "appropriate sanctions for perpetrators must be applied robustly … victims must be supported and protected … all incidents of violence must be challenged be they physical, verbal or emotional". The policy says that any member of staff can open TAB

procedures to monitor or support a detainee if they believe they are either being antisocial or are a victim of such behaviour.

107. There is a lot of information that other detainees were bullying or threatening Mr Kirungi, apparently because he had got into debt for drugs. While a lot of thought was put into measures to help support Mr Kirungi – such as restricting his spending money, visiting the shop on his behalf and arranging a move to a quieter unit – we consider that staff should have done more to investigate the circumstances and the perpetrators. Several detainees were identified as potentially bullying Mr Kirungi, but no one challenged them or investigated the allegations and only one was monitored under TAB procedures. While the complex needs meeting minutes noted that a residential manager would be asked to investigate the perpetrators, this was some weeks after most of these individuals had been identified and the residential manager said that no one actually asked him to complete this task.

108. A PPO publication of June 2011 found that there was some evidence of bullying and intimidation in 20 per cent of self-inflicted deaths we considered. In a follow-up report of October 2011, we identified the importance of implementing local violence reduction strategies, investigating all allegations of bullying and recognising that individuals who have been the victim of bullying are potentially at greater risk of suicide and self-harm. We are concerned that none of the staff who dealt with Mr Kirungi appeared to consider whether his fears for his safety might have increased his risk of suicide and self-harm.

**The Centre Manager should ensure that all information about bullying, intimidation and the use of drugs is fully coordinated and investigated and that those suspected of involvement are appropriately challenged and monitored.**

### Clinical care

109. Mr Kirungi was diagnosed with schizophrenia in 2009 and prescribed antipsychotic medication for most of the time since then. Although he sometimes missed doses of medication, the psychiatrist said that Mr Kirungi responded well to changes in treatment. Mr Kirungi was keen to be admitted to a psychiatric hospital, although neither the psychiatrist nor the mental health nurse thought he met the criteria for admission and explained this to him and his solicitor.

110. The clinical reviewer considered that Mr Kirungi received mental health care equivalent to that he would expect to receive in the community. He commented that Mr Kirungi would have needed to be deemed to be refusing treatment in order to be admitted to hospital under the Mental Health Act. While Mr Kirungi's compliance with his medication was variable, there is no evidence that he was refusing treatment. The clinical reviewer concluded that his admission to hospital was not therefore appropriate.

111. Mr Kirungi complained of back pain for several years, which he attributed to a caterpillar bite sustained as a child. He had MRI and ultrasound scans, and blood tests, none of which found anything abnormal. The clinical reviewer commented that this made it highly unlikely that Mr Kirungi's pain originated from

an insect bite and, while the pain might have been genuine, his belief in the source of the pain was delusional.

112. Prison and IRC doctors tried various painkillers, none of which were able to resolve the problem. Nevertheless, the clinical reviewer concluded that Mr Kirungi's back pain was investigated and treated appropriately.

### New psychoactive substances

113. Mr Kirungi told several members of staff that he smoked 'Spice', a new psychoactive substance. Staff sometimes found evidence of drug use in his room, and several times reported that he appeared to be under the influence of drugs. Mr Kirungi's frequent drug use appears to be a contributory factor to his apparent debt to other detainees and the apparent bullying that came from this. Although substance misuse workers spoke to Mr Kirungi about the dangers of taking illicit drugs, he declined to participate in any of their programmes.

114. HM Inspectorate of Prisons found strong evidence of detainees using new psychoactive substances during their inspection of March 2015, but there was no drugs strategy to counter this. In its most recent annual report, The Verne's Independent Monitoring Board also identified this as a concern.

115. In July 2015, we published a Learning Lesson Bulletin about the deaths associated with use of NPS. We identified dangers to physical and mental health, as well as risks of bullying and debt and possible links to suicide and self-harm. The bulletin identified the need for better awareness among staff of the dangers of NPS; the need for more effective drug supply reduction strategies; and better monitoring by drug treatment services. We consider it important that The Verne does all it can to eradicate the use of new psychoactive substances. We make the following recommendation:

**The Centre Manager should ensure there is an effective supply reduction strategy to help eradicate the availability of new psychoactive substances, and that staff are vigilant for signs of its use and are briefed about how to respond when a detainee appears to be under the influence of such substances.**

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